



APPLICATION FOR REPLACEMENT OF LEAD FIRM CERTIFICATION CERTIFICATE

INSTRUCTIONS: As provided in TAC 25 §205.205(j) of the Texas Environmental Lead Reduction Rules, this form must be completed and submitted to the above address for each request for a replacement certificate. A \$20.00 fee must also be submitted if requesting replacement of a lost or stolen certificate. Send a cashier's check or money order payable to the "Texas Department of Health - 7C790-085." DO NOT SEND PERSONAL CHECKS, COMPANY CHECKS, OR CASH. A replacement certificate will be issued within three weeks of receiving your request by the Texas Department of Health, Environmental Lead Branch.

Complete all applicable blocks (print or type only) of the following section.

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Name of Business or Organization	Telephone Number	Fax Number	
Mailing Address	City	State	Zip
Physical Address (if different)	City	State	Zip

Certification number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date issued (month/date/year) ____ / ____ / ____
Please call the Texas Department of Health, Lead Certification Section, if this information is not known.		

Please state the reason that you are seeking a replacement certificate. If requesting a new certificate due to a name change, the original certificate must accompany this application. If the ownership has changed and the Lead Firm has changed hands entirely, the former principal(s) must close the certification in writing, and the new principal(s) must apply for a new Lead Firm certification: _____

APPLICANT VERIFICATION OF INFORMATION

I hereby certify that there are no misrepresentations in or falsification of the information submitted on this application. I acknowledge that any falsification or misrepresentation may result in decertification.

Name and Title of Firm's Owner or Authorized Agent*	Title
Signature of Firm's Owner or Authorized Agent*	Date
*This person must be the same authorized agent on file in the Environmental Lead Branch.	

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY

Date rec'd: ____ / ____ / ____	Amount \$ _____	Budget #7C790-085	Remittance # _____
Date reviewed: ____ / ____ / ____	Reviewer's action: 9 Approved 9 Denied	Reviewer's Initials _____	
Date reissued ____ / ____ / ____	Expiration date ____ / ____ / ____	Date mailed ____ / ____ / ____	
Comments: _____			